

Local Education Region Number:

Contract Number:

Period of Service:

NEW MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA)  
INVOICE for LOCAL EDUCATIONAL CONSORTIUM (LEC)

School District:

Claiming Unit:

Invoice #:

COST CATEGORIES:

FORMULA  
alpha = line  
numeric = cost pool

CP#1  
SPMP  
(Enter)

CP#2  
Non-SPMP  
(Enter)

CP#3a  
Non-Claim.  
(Enter)

CP#3b (Formulas)  
Non-Claim.  
Bal. from Dir. Chg.

CP#4 (Formulas)  
DIRECT CHARGES  
ENHANCED

CP#5 (Formulas)  
DIRECT CHARGES  
NON-ENHANCED

CP #6 (Enter)  
Allocated  
Cost & Revenue

A	Salary	(Enter)	\$311,325	\$1,288,311	\$26,624,435	\$0	\$0	\$0	\$391,244
B	Benefits	(Enter)	\$70,551	\$291,951	\$6,033,512	\$0	\$0	\$0	\$88,662
C	SUBTOTAL	A+B	\$381,876	\$1,580,262	\$32,657,947	\$0	\$0	\$0	\$479,906
D	Personal Service Contracts	(Enter)	\$0	\$0	\$13,474,339	\$0	XXXXXX	\$0	XXXXXXX
E	SUBTOTAL PERSONNEL	C+D	\$381,876	\$1,580,262	\$46,132,286	\$0	\$0	\$0	\$479,906
F	Distribution %	E/(CP1...CP5)	0.79%	3.29%	95.92%	0.00%	0.00%	0.00%	XXXXXXX
G	MAA Transportation	(From Direct Charges.)	XXXXXXXXXX	XXXXXX	XXXXXX	\$0	XXXXXX	\$0	XXXXXXX
H	Other Costs	(Enter)	\$0	\$0	\$0	\$0	XXXXXX	\$0	\$0
I	Costs to be Distributed	E6+H6	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX	\$479,906
J	Distribution of Costs	I6 x F	\$3,811	\$15,769	\$460,327	\$0	\$0	\$0	XXXXXXX
K	SUBTOTAL OTHER COSTS	G+H+J	\$3,811	\$15,769	\$460,327	\$0	\$0	\$0	XXXXXXX
L	Collapse CP#3b	E3b+K3b	XXXXXXXXXX	XXXXXXXXXX	\$0	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXX
M	TOTAL COSTS	E+K+L	\$385,687	\$1,596,031	\$46,592,613	XXXXXXXXXX	\$0	\$0	XXXXXXX
N	% OF TOTAL COST	M/(CP1-CP5)	0.79%	3.29%	95.92%	XXXXXXXXXX	0.00%	0.00%	XXXXXXX

FUNDING SOURCE ADJUSTMENT:

ALL FORMULAS

O	Funding Sources	From Funding Sources	\$0	\$0	\$0	XXXXXXXXXX	\$0	\$0	\$0
P	Reallocated CP#6 Funding Sources	O6 X N	\$0	\$0	\$0	XXXXXXXXXX	\$0	\$0	XXXXXXX
Q	TOTAL FUNDING SOURCES	O + P	\$0	\$0	\$0	XXXXXXXXXX	\$0	\$0	XXXXXXX
R	Non-Claimable Services Cost: CP#3	M3	XXXXXXXXXX	XXXXXXXXXX	\$46,592,613	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX
S	Non-Claimable Service Cost: CPs #1 & 2	M x (AM+AN)/(AQ-AO-AP)	\$304,275	\$1,295,280	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX
T	Remaining Funding Sources CP#3	(Q-R)>\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX
U	Distribution %	S1/(S1+S2);S2/(S1+S2)	19.02%	80.98%	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX
V	Reallocated CP#3 Funding Sources	T3 x U	\$0	\$0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX
W	Remaining Revenue	If M=\$0 or V<S,Q;else,V+Q-S	\$0	\$0					
X	Revenue to Personnel Services	If E=0,0; else W * E/M	\$0	\$0					
XX	Revenue to Other Costs	If K=0,0; else W * K/M	\$0	\$0					
Y	Adjusted Personnel Services Cost	If (E-X)=0,0; else E-X	\$381,876	\$1,580,262					
YY	Adjusted Other Cost	If (K-XX)=0,0; else K-XX	\$3,811	\$15,769					
Z	TOTAL ADJUSTED COST	Y+YY	\$385,687	\$1,596,031	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	XXXXXXX

ACTIVITIES

(Enter)  
MEDI-CAL %

(Enter)

ACTIVITY RESULTS PERCENTAGES  
SPMPNON-SPMP

INDICATE METHODOLOGY USED  
TO DETERMINE MEDI-CAL %

AA	Medi-Cal Outreach (A)	A	100.00%	0.98%	1.71%
AB	Medi-Cal Outreach (B1)	B	31.44%	15.99%	3.81%
AC	Medi-Cal Outreach (B2)	B	31.44%	0.00%	0.00%
AD	Medi-Cal Outreach (B3)	B	31.44%	0.00%	0.00%
AE	Facilitating Medi-Cal Application	C	100.00%	0.05%	0.31%
AF	Arranging for Transportation	D	31.44%	0.00%	0.00%
AG	Contract Administration A	E	100.00%	0.00%	0.00%
AH	Contract Administration B	E	31.44%	0.00%	0.00%
AI	Program Planning & Policy Develop. (A)	F	100.00%	2.55%	0.00%
AJ	Program Planning & Policy Develop. (B)	F	31.44%	0.81%	9.35%
AK	MAA/TCM Coord./Claims Admin.	G	100.00%	0.00%	0.00%
AL	MAA Implementation Training		100.00%	0.15%	0.53%
AM	Other Programs/Activities		XXXXXXXXXX	26.73%	55.88%
AN	Direct Patient Care		XXXXXXXXXX	50.00%	11.78%
AO	General Admin. Time		XXXXXXXXXX	0.00%	9.17%
AP	Paid Time Off		XXXXXXXXXX	2.74%	7.46%
AQ	TOTAL TIME		XXXXXXXXXX	100.00%	100.00%

AC\_\_\_ Other\_\_\_  
CWA  
TM \_\_\_ CalW(U) \_\_\_ CalW(A) \_\_\_  
  
CWA\_\_\_ AC\_\_\_ TM \_\_\_ CalW(U) \_\_\_ CalW(A) \_\_\_ Other\_\_\_  
  
CWA\_\_\_ AC\_\_\_ TM \_\_\_ CalW(U) \_\_\_ CalW(A) \_\_\_ Other\_\_\_

CWA = County-wide Average  
AC = Actual Count  
TM = Tape Match  
CalW(U) = CalWORKS Unadjusted  
CalW(A) = CalWORKS Adjusted

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\$0

School District:  
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## ALL FORMULAS

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111

**ALLOCATE ADMINISTRATION & PAID TIME OFF & APPLY MEDI-CAL %**

(Formula - Disc Column)

Medi-Cal

SPMP

Apply MC%  
SPMP (50%)

SPMP (75%)

Non-SPMP

Apply MC%  
Non-SPMP

BA	Medi-Cal Outreach (A)	{AA/SUM(AA..AN)}xMC%	100.00%	1.01%	1.01%	XXXX	2.05%	2.05%
BB	Medi-Cal Outreach (B1)	{AB/SUM(AA..AN)}xMC%	31.44%	16.44%	5.17%	XXXX	4.57%	1.44%
BC	Medi-Cal Outreach (B2)	{AC/SUM(AA..AN)}xMC%	31.44%	0.00%	0.00%	XXXX	0.00%	0.00%
BD	Medi-Cal Outreach (B3)	{AD/SUM(AA..AN)}xMC%	31.44%	0.00%	0.00%	XXXX	0.00%	0.00%
BE	Facilitating Medi-Cal Application	{AE/SUM(AA..AN)}xMC%	100.00%	0.05%	0.05%	XXXX	0.37%	0.37%
BF	Arranging for Transportation	{AF/SUM(AA..AN)}xMC%	31.44%	0.00%	0.00%	XXXX	0.00%	0.00%
BG	Contract Administration A	{AG/SUM(AA..AN)}xMC%	100.00%	0.00%	0.00%	XXXX	0.00%	0.00%
BH	Contract Administration B	{AH/SUM(AA..AN)}xMC%	31.44%	0.00%	0.00%	XXXX	0.00%	0.00%
BI	Program Planning & Policy Development(A)(enhanced)	{AI/SUM(AA..AO)}xMC%	100.00%	2.62%	XXXX	2.62%	XXXX	XXXX
	Program Planning & Policy Development(A)(non-enhanced)	{AI/SUM(AA..AN)}xMC% (less enh)	100.00%	0.00%	0.00%	XXXX	0.00%	0.00%
BJ	Program Planning & Policy Development(B)(enhanced)	{AJ/SUM(AA..AO)}xMC%	31.44%	0.83%	XXXX	0.26%	XXXX	XXXX
	Program Planning & Policy Development(B)(non-enhanced)	{AJ/SUM(AA..AN)}xMC% (less enh)	31.44%	0.00%	0.00%	XXXX	11.22%	3.53%
BK	MAA/TCM Coord./Claims Admin.	{AK/SUM(AA..AN)}xMC%	100.00%	0.00%	0.00%	XXXX	0.00%	0.00%
BL	MAA Implementation Training	{AL/SUM(AA..AN)}xMC%	100.00%	0.15%	0.15%	XXXX	0.64%	0.64%
BM	Other Programs/Activities	AM/SUM(AA..AN)	XXXXXXXXXX	27.48%	XXXX	XXXX	67.03%	XXXX
BN	Direct Patient Care	AN/SUM(AA..AN)	XXXXXXXXXX	51.41%	XXXX	XXXX	14.13%	XXXX
BO	TOTAL			100.00%	6.38%	2.88%	100.00%	8.02%

## ALL FORMULAS

### CLAIM CALCULATION:

**SPMP**

## Non-SPMP

CA	Federal Non-Enhanced Basis	Cost Pool #1	Z x (BO1)+ YY x (BO11)	\$24,725	
	Federal Non-Enhanced Basis	Cost Pool #2	Z x (BO111)		\$128,025
CB	Federal Non-Enhanced Share		(CA1 or CA2) x 50%	\$12,362	\$64,013
CC	Federal Enhanced Basis		Y1 x (BO11)	\$11,012	XXXXXXXX
CD	Federal Enhanced Share		CC1 x 75%	\$8,259	XXXXXXXX
CE	Direct Charge: Enhanced Federal Share		Z4 x 75%	\$0	XXXXXXXX
CF	Direct Charge:Non-Enhanced Federal Share		Z5 x 50%	XXXXXXXX	\$0
CG	FFP @ 50%		CB1+CB2+CF2		FFP @ 50%
CH	FFP @ 75%		CD1 + CE1		FFP @ 75%
CI	TOTAL FEDERAL SHARE		CG + CH	XXXXXXXX	XXXXXXXX

Activity Percentages Determined by One Month Time Study Completed in \_\_\_\_\_(month/year)

I, \_\_\_\_\_, certify under penalty of perjury that the information provided on the invoice is true and correct, based on actual expenditures for the period claimed, and that the funds/contributions have been expended, as necessary for federal matching funds pursuant to the requirements of 42 CFR 433.51, for allowable administrative activities and that these claimed expenditures have not previously been nor will not subsequently be used for federal match in this or any other program. I have notice that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claim Act.

Typed name of signer

Signature \_\_\_\_\_

Date \_\_\_\_\_

Department of Health Services  
714 P Street, Rm 1640  
Sacramento, CA 95814

Title \_\_\_\_\_

## INVOICE PREPARATION INFORMATION

Typed name of preparer

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Classification

Telephone # \_\_\_\_\_

Revised 4/2002